

CHILD MALTREATMENT

RATIONALE

In the United States: a report of child maltreatment is made every ten seconds; more than four children die every day as a result of child maltreatment; approximately 70% of children who die from child maltreatment are under the age of four. Children younger than one had the highest rate of victimization at 29.1 per 1000. Approximately 30% of abused and neglected children will later abuse their own children. Abused and neglected children are 25% more likely to experience teen pregnancy.¹ The estimated annual nationwide cost of child maltreatment in the United States in 2012 was more than \$80 billion.²

Infants and toddlers are at higher risk for abuse and neglect than older children, with children who are younger than three years old accounting for more than one third of all maltreated children.¹ Abuse and neglect in the young child have long-term effects on brain development and increase the likelihood of behavioral disorders in the child. The earlier in life the child is subjected to neglect or physical or emotional abuse, and the longer the abuse continues, the greater the risk to his or her emotional and behavioral development. Studies have shown that, as children get older, those who have been abused or neglected are more likely to perform poorly in school, to commit crimes, and to experience emotional problems, sexual problems, and substance abuse. As adults they are more likely to have chronic disease of the heart, liver, and lungs.³

Bright Futures

Child maltreatment is only addressed in a brief, manner in the Bright Futures guidelines. The following recommendations are based upon information from the listed citations.

SCREENING REQUIREMENTS

Medical personnel are often in a position to observe and/or screen families and children to identify abuse or neglect when it occurs. It is important to make this part of every health care encounter so that early detection leads to early intervention for the child and parents. Early intervention with parents may lead to decreased incidence of child maltreatment.⁴

Child maltreatment can occur in any family: at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education. Many factors are associated with child maltreatment. These include a child who is perceived by parents to be demanding; an infant who is diagnosed with a chronic illness or disability; a family who is socially isolated without community support; mental health issues with one or both parent that have not been diagnosed and treated; a parent with career difficulties who may see the newborn as an impediment or burden.⁵

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Remain alert for signs and symptoms of child maltreatment (physical, sexual, and emotional abuse/ neglect) in the routine examination. Be alert for presence of family violence in every encounter. If maltreatment is suspected, the health care professional should ask direct questions in a respectful way to determine whether any kind of abuse or neglect might be occurring.⁷ The best source of information is not what the child says but how the child behaves.⁷ Use observations of a child's behavior to interpret what a child or parent says and maintain a neutral tone, asking open ended questions.⁸

Because any child is at risk of abuse, cues from the child's environment, parents or caregivers, physical health status, and behavior may raise an index of suspicion. These warning signals or "red flags" require interpretation within the context of patterns of growth and development and cultural practices and beliefs. Observing, asking questions or hearing reports from a third party may prompt awareness of increased risks for child abuse. A brief overview of some of these warning signals follows.⁷

Environmental Problems

- Hazardous conditions (examples: broken windows, faulty electrical fixtures).
- Health risks (examples: presence of rats, feces, no running water, no heat, or unsanitary conditions).

Parent or Caregiver Clues

The parent or caregiver:

- Is unable or unwilling to meet child's basic needs and provide a safe environment.
- Tells you of homicidal thoughts/feelings toward child.
- Tells you of use of objects (belts, whips, clothes hanger) to discipline the child.
- Is unable to describe positive characteristics of child.
- Has unrealistic expectation of child (example: toilet training a child age six months).
- Is unduly harsh and rigid about child rearing.
- Singles out one child as "bad," "evil," or "beyond control."
- Berates, humiliates, or belittles child.
- Turns to child to have his or her own needs met.
- Is impulsive, unable to use internal controls.
- Cannot see child realistically, attributes badness to the child, or misinterprets child's normal behavior (e.g., a parent takes an infant's crying as a sign that child hates the parent).
- Is indifferent to child.

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Physical Indicators in the Child

Physical Abuse

- Fractures, lacerations, bruises that cannot be explained, or explanations which are improbable given the extent of the injury. Accidental bruises are more likely to occur on bony prominences such as the chin, and forehead. Intentional bruises appear may occur on buttocks or calves.
- Burns (cigarette, rope, scalding water, iron, radiator) including patterns of distribution consistent with immersion rather than splash. Facial injuries (black eyes, broken jaw, broken nose, bloody or swollen lips) with implausible or nonexistent explanations.
- Subdural hematomas, long-bone fractures, spiral fractures, fractures in different states of healing.
- Pattern of bruising (such as parallel or circular bruises) or bruises in different states of discoloration suggesting repeated trauma over time.

Sexual Abuse

- Bruising around genital area.
- Swelling or discharge from vagina/penis.
- Tearing around genital area, including rectum.
- Visible lesions around mouth or genitals.
- Painful urination, defecation.

Neglect

- Failure to thrive -- the child who fails to gain weight at the expected rate for a normal child may have medical or psychosocial problems, or a combination of these.
- Malnutrition or poorly balanced diet (bloated stomach, extremely thin dry, flaking skin, pallor, fainting).
- Inappropriate dress for weather.
- Offensive body odor.
- Dirty, unkempt.
- Unattended medical conditions.

Behavioral Indicators in the Child

Children react differently to being abused and neglected. Sudden behavior changes can be caused by various types of trauma such as divorce, abandonment by a parent, death in the family, or a medically related trauma. Some behaviors have been found to correlate with maltreatment. The presence of any of these indicators does not prove the child is being abused or neglected, but serves as a warning signal to look further.

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Physical Abuse

- Hostile or aggressive behavior toward others.
- Extreme fear or withdrawn behavior around others.
- Self-destructive (self-mutilates, bangs head).
- Destructive (breaks windows, sets fires).
- Verbally abusive.
- Out-of-control behavior (seems angry, panics, easily agitated).

Sexual Abuse

- Sexualized behavior (may have precocious knowledge of explicit sexual behavior or engages self or others in sexual behavior).
- Hostile or aggressive.
- Fearful or withdrawn.
- Self-destructive (self-mutilates).
- Pseudo-mature (seems mature beyond chronological age).
- Eating disorders.
- Alcoholism/drug abuse.
- Running away.
- Promiscuous behavior.
- Enuresis, encopresis – regressive behaviors.

Neglect

- Clingy or indiscriminate attachment.
- Isolates self.
- Seems depressed or passive.
- Poor dental hygiene and carries.

Emotional Abuse

- Lacks self-esteem; puts self-down constantly.
- Seeks approval to an extreme.
- Seems unable to be autonomous (e.g., makes few choices, fears rejection).
- Hostile, verbally abusive, provocative. There is a double set of bullets here.

CONSIDERATIONS FOR REFERRAL, TREATMENT AND/OR FOLLOW-UP

Recognize the signs and symptoms of maltreatment and report any reasonable suspicion of child maltreatment to Child Protective Services or your local law enforcement.¹ Physicians and nurses are mandated reporters who are legally required to report when abuse is observed or suspected. For more information see the link

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below, otherwise known as the [California Child Abuse and Neglect Reporting Act \(California Penal Code Section 11164-11174.3\)](#).

Recognize and enhance family strengths, resilience, protective and mediating factors. Educate parents on child development, effective discipline and alternatives to corporal punishment. For further and more detailed reinforcement, be aware of and suggest community resources for parents in learning about care and discipline of children.

Resources

National Child Abuse Prevention Month: The [2014 Prevention Resource Guide, Making Meaningful Connections](#) was created primarily to support community-based child abuse prevention professionals who work to prevent child maltreatment and promote well-being.

References

- ¹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Child Maltreatment 2012. Published 2013. Accessed July 17, 2014.
- ² Xiangming Fang, Derek S. Brown, Curtis S. Florence, et al. The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse and Neglect*. 2012;36(2):156-165.
- ³ Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 1998;14:245–258.
- ⁴ Lundahl BW, Nimer J, Parsons B. Preventing child abuse: a meta-analysis of parent training programs. *Research on Social Work Practice*. 2006;16:251-262.
- ⁵ Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Third Edition. Elk Grove Village, IL: American Academy of Pediatrics; 2008:82.
- ⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. [A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice](#). Published 2003. Accessed July 17, 2014.
- ⁷ State of California, Department of Social Services, Office of Child Abuse Prevention. *The California Child Abuse and Neglect Reporting Law Handbook*. 2003:5-9.

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- ⁸ Risk of Child Abuse. In: Children’s Medical Services (CMS), Child Health and Disability Prevention (CHDP) Program. Health Assessment Guidelines. 1997:Section 505.